

Rural Health Coordinating Council

Oregon Dental Association, 8699 SW Sun Place, Wilsonville OR 97070
Thursday, July 19, 2018

MINUTES

1) Call to order – Kim Lovato, Vice Chair (presiding) 10:13 am

a) Roll call, introductions

Allison Whisenhunt, Consumer Member from Coast/Seaside, Anna Velasco, Consumer Member from Hermiston Works/ Morrow Co, Dr. Bruce Carlson, Dr. Charles Wardle.

Staff: Scott Ekblad, Bob Duehmig, Rebecca Dobert, Laura Potter, Eric Jordan

Also attending: Jen Lewis-Goff, Government Affairs Director, Oregon Dental Association

b) Approval of agenda – Bruce moved for approval, Allison second, unanimous approval

c) Approval of April 2018 minutes – Bruce moved for approval, Anna second, unanimous approval

2) ORH updates – Bob & Rebecca 10:16 – 11:00

a) ORH staff updates

Linda Pepler retired, introduced Laura Potter, new Administrative Manager; Meredith Guardino maternity leave starting shortly; Lindsay Kvamme maternity leave starting shortly thereafter. Rebecca Dobert and Rose Locklear have restructured job responsibilities and new titles. Rebecca is Program Manager with all EMS programming, as well as the SHIP grant, and she is working with Stacie Rothwell to expand Rural Health Clinic Technical Assistance program; Rose is now a permanent Program Coordinator, overseeing grant processes and Rural and Frontier Listening Tour, and working closely with Scott on the Forum on Aging in Rural Oregon.

b) ORH staff reports

New website is live thanks to Eric Jordan; still iterating but will soon be public, would love RHCC feedback. Eric reported the completion of updated and streamlined general content accessible via more user-friendly navigation than current website.

c) Provider Incentive Programs update

About to close on second Primary Care Loan Repayment deadline; Q1, 17 awards so that, including the previous program, there are a total of 83 providers with loan repayment only (not loan forgiveness). Nine rural, 8 urban. Nine PA providers, 1 DO, 2 MD. Next closing deadline 8/3/2018. Workforce services is adding video to ORH website to walk people through the application process to reduce rate of incompletes. Private bank loans, including from Republic Bank, do not qualify even though their marketing suggests that such loans might qualify.

Next Primary Care Loan Forgiveness (PCLF) Program award cycle in Jan. The plan is to roll the PCLF program into the AHEC Scholars Program, utilizing the AHEC Scholars Program as the required training track to qualify for PCLF participation. Feds made changes to the AHEC program, putting greater emphasis on students in health care training programs and limiting the amount that goes to students in the K-12 education pipeline.

Kim: Pacific University will have new MSW program in Eugene; 18 people joined Rural Healthcare track. Extra requirements to be sure students understand what they are getting into. Right now, the Office of Rural Health decides whether a program meets the criteria for a Rural Health Track; that will change when PCLF merges with the AHEC program.

Scholars for a Healthy Oregon Initiative (SHOI): OHSU is implementing changes in order to make sure that students are aware of and supported in their decision throughout education, rather than committing at inception of program and then being reminded at graduation.

There is money that became available for other institutions (COMP NW, National University of Natural Medicine, etc.) to do something like OHSU's SHOI Program. Training funds are available for communities with creative ways of training workforce in the future.

d) National Rural Health Day is November 15th. ORH is reaching out to practice sites to encourage them to participate and celebrate. ORH is

working with various schools, including the OHSU rural campuses, to do a tele video presentation with rural providers in Oregon.

Open to other ideas about how to celebrate National Rural Health Day; one idea: invite legislators in to see the good work and the challenges. ORH happy to help.

Some rural hospitals have brought students in and done tours, health fairs with fire departments (to install baby seats), services from counties and cities, etc.

Anna: In Morrow Co., providers went to a local high school, and invited the local newspaper to attend. Bob: if there are photos and local write-up, let us publicize it.

e) Event updates

- i) Annual Oregon Rural Health Conference will be October 3 – 5, at Riverhouse on the Deschutes, in Bend.

CME will be offered for MDs, DOs, PAs and NPs.

- ii) Forum on Aging in Rural Oregon was convened May 16-18, at Wildhorse Casino & Resort, in Pendleton.

Great turnout of 160 people; much positive feedback, great ideas for conference next year May 1 – 3, 2019, at Chinook Winds in Lincoln City. The biggest negative at the Forum was the smoke from the adjacent casino. Kim spoke about geriatric polypharmacy, received a very positive response; was happy to see that when she interviewed the audience, found wide span of providers. Call for 2019 presentations sent to ORH mailing list on 8/31/18.

f) EMS programming update – Rebecca

Closed out HERO grant program award cycle but reopening for additional grant cycle in August and award in September; 4 grants at \$2500 each, competitive process. Application posted live on website and pushed out to HERO mailing list.

FLEX: FY17-18 work completes August 31, 2018. Sponsored and funded 4 trauma simulation events from the 911 call through hospital transfer. Wallowa Memorial in Enterprise, Grande Ronde Hospital in LaGrande,

Lower Umpqua in Reedsport (dune buggy rescue vehicle), Lake District in Lakeview coordinating with Paisley Disaster Unit. Feedback positive, hospitals appreciate our support of costly simulation events. Reporting will inform next application cycle. Anticipate being able to fund 5 more via competitive award application.

Proposed project in collaboration with OHA conduct a series of meetings with 10 ambulance services in FY18-19. Target top 5 best performing and bottom 5 worst performing so as to perform most useful analysis. Will know if funded in August under FY18 Flex Notice of Award.

Support for EMS medical directors' forum twice per year continues – next forum occurs in September. Focus on expansion of education and networking available to rural EMS Medical Directors.

EMS section of ORH web page has been updated; HERO is still maintained as a separate page, but rest of EMS content is now in one place, and includes EMS educational links, OAR information, and resource information.

Allison: Would they want input from hospitals re: hospital-to-hospital transfer, or mental health crises? Sometimes hospitals will refuse transfer depending on patient's insurance situation. Issue is whether you can find a facility that will admit them, and insurance. If involuntary, sheriff will help, but placement is often not involuntary and it is not optimal to place patients in handcuffs for transfer.

Allison commented that payers should not separate medical crisis from mental health crisis. Clatsop Behavioral Health is the provider for Seaside. Coast is largely tourist destination, not everyone does well on vacation, off meds – providers often have to wait for distant approval to treat patients from out-of-area.

Rebecca: CCO 2.0 discussions are ongoing; suggested that Allison provide input. Rebecca to send Allison link to CCO 2.0 web page after the RHCC meeting.

Chuck Wardle: With air evacuations there are competing helicopter and fixed wing services, hard to know which you have.

Bob: the RHCC delved into this issue of subscription-based air transport membership organizations; if a different service picks patients up, they get a huge bill. Wyden's office picked it up, not sure of result. Rebecca and Bob to follow up on status of this issue.

Bob addition: Areas of Unmet Healthcare Need report; ORH is using the report ranking to give priority to any loan repayment/forgiveness applicant working for or about to work for an organization located in a community scoring in the lower quartile.

3) Policy update - Bob

11:05 – 11:30

a) Critical Access Hospital designation and activity

Federal level: Jenni Word, Chief Associate Administrator and Chief Nursing Officer at Wallowa Memorial Hospital, testified to the U.S. House Energy and Commerce Committee about the importance of broadband and telehealth in rural areas.

Curry Health District: Critical Access Hospital (CAH) designation question has been settled and documented; there was an interpretation of rules by CMS that endangered Curry Health Network's CAH status because of a clinic too near their hospital location. This new interpretation had potential to impact many CAHs in Oregon and elsewhere. Meredith and Scott worked with Oregon Association of Hospitals and Health Systems, National Rural Health Association, Oregon Health Authority, the Office of Governor Kate Brown, and Senator Ron Wyden's Office, among others, to successfully challenge the new interpretation. Documentation of all Oregon CAH status and designation information has been compiled and shared with facilities and partners.

b) Federal opioid action

Congress making funding available to address the national epidemic of opioid misuse. Large grant announced, prioritizing a list of counties with highest opioid abuse, mostly in Appalachia and the Southern United States. None in Oregon, but OR entities can apply.

Also to help address the opioid problem, National Health Service Corps now allows mental health providers to qualify for loan repayment; Addiction counselors with a Master's degree and above can apply.

It was noted in discussion that supplemental funding is being added to many federal funding sources, including AHEC grants. The national AHEC program was allocated \$6 – 8 million across the country for opioid related programming.

c) State Office of Rural Health (SORH) federal legislation

SORH reauthorization legislation introduced by Representative Schrader. Important predicate for further action that can allocate funds. SORHs have been funded for the last 8 years without reauthorization, which makes the program vulnerable. Been trying for a number of years to get reauthorized, difficult because Congress not getting along, tend to pass omnibus bills. Reauthorization bill goes to Oregon Representative Greg Walden's committee.

d) State Policy

The upcoming gubernatorial election may trigger rural health as a topic of interest.

Ballot measures: currently the legislature needs a 3/5 majority to add a new tax. Democrats introduced measure to clarify that the requirement does not apply when increasing an existing tax; Oregon Realtors have introduced ballot measure 104 to extend the 3/5 rule to increases on taxes as well as decreasing tax credits.

Bruce Carlson: Ballot measure about sanctuary cities has gotten enough signatures to get on the ballot. For those taking care of migrants, could impact how people will be able to deliver services.

Bob: suspects that this will be campaign with lots of money and high emotions.

Scott Ekblad: House Healthcare Committee Interim Workgroup – Rep. Mitch Greenlick charged committee with coming up with policy blueprint for 2019 session that will move Oregon toward universal healthcare. So far, no agreement on even what is meant by “universal healthcare.” Definitions range from ensuring access to insurance to blowing up the current system and creating a whole new one. Today the topic was Medicaid for All. So far more questions raised than solutions/suggestions offered. The group Healthcare For All Oregon has a strong presence in the workgroup.

Allison: did healthcare and mental health get raised? Scott: yes, and oral health as well. People acknowledged that we are not ignoring mental health any more, and not completely ignoring oral health, yet everyone recognizes that the level of care available is not up to snuff.

LUNCH

11:24 – 12:10 pm

IV. RHCC member reports

12:11 – 12:50

Chuck – nothing to report.

Anna – big colorectal cancer screening effort; incentives- everyone who picks up a Fecal Immunochemical Test (FIT) is entered into drawing for \$50 gift card. EOCCO has joined forces with EO Healthy Living Alliance, giving FIT tests. Just had first case of Rocky Mountain Spotted Fever.

Allison – Clatsop County – county mental health agency changing how they respond when hospitals have a patient in crisis. Used to be sometimes 14-hour gap with patient sitting in ED while waiting for social worker to return to work the next day. Now using telehealth with social workers in the Providence Portland ED – first night, had 3. Has been working well. When SW comes back on in the morning, SW has assessment already waiting for him/her. Now able to discharge patient instead of having them wait all night. They call the telehealth machine “the robot” – person on the other end can make it move. Been using it for a few years for telepsychiatry, the patient response is really positive. Nurse is in the room with the pt. Also use robot for telestroke/telecrisis. Allison is hearing more and more about county limiting services to mental health pts in Emergency Departments. For mobile unit, handled through county, Allison does not know what licensure will be using it. Huge primary care provider shortages, per usual. Oregon Hospital Assn helping fund transportation. Success in 18 hospitals – April 2017 to May 1 this year, total readmission 5.9%. Opioid crisis – increase in naloxone use is having unintended consequence of increasing meth use. People often separate mental health and substance abuse but they are often linked.

Anna: add on re: pill counts for people on opioids; for example, a client knows they have to have 26 pills, and they only have 10, so they borrow 16 from a friend. Allison: on the other hand, pts in her community tell providers about this practice when they know about it.

Bruce: lives in Umatilla and works in Hermiston. There is a clinic in Umatilla owned by the Umatilla Hospital District (has not been hospital there for a while). Put 2 doctors into a clinic; the doctors eventually died or retired; subsidize doctors coming into the clinics; last doctor lost license, then NP came. Board decided to terminate her subsidy. FQHC in Boardman has said intend to start clinic there. Hospital District will not be continuing, since only one clinic needed. Trying to figure out how to partner with FQHC when they come in. There is a 4000 – 5000 square foot building and there is interest in making it an exercise facility.

In Pendleton, St. Anthony's bought racquet club and has established a clinic there.

In Hermiston, not much happening, except Medicare just told them they want some money back. Medicare A/B/C and Medicare Advantage sometimes get confused by patients; Medicare usually catches it, but in some cases, did not. Now Medicare wants their money back, but they may not be able to charge Medicare Advantage because it's not timely billing. Does not think interest or penalties. This is happening nationally.

In Pendleton, community lost two internal medicine specialists since December. With aging demographic, high need for this specialty. Also lost family medical practitioner. PCP shortage.

Pendleton HQ of Eastern Oregon Independent Practitioners Association – 45 independent practitioners left and their number is shrinking. Now looking for new CEO and changing from Schedule C Corporation to Mutual Benefit Corporation. Looking at Medicare Advantage program.

Discussion at Oregon Medical Board about clinical education of PAs – have every preceptor be a board-certified physician and take a test before able to precept. Would drastically reduce preceptors in rural areas where it is already hard enough. When send students into rural areas, have found they are sometimes likely to stay. OHSU and OHA barely voted this out. Proposal came from Board member who doesn't understand PA qualifications.

AHEC Scholars Program – new cohort for upcoming year; Kim does not know numbers, but Pacific University students got acceptances yesterday. Anticipate that \$500 will go with each student who goes to a rural area to help pay for lodging.

V. Old Business - Kim

12:51– 12:52

No old business to discuss.

VI. New business/public input – Kim/Scott

12:52 - 1:53

Eric – Judy Peabody stepping down; Judy said that someone had been nominated and had cleared all the hurdles. Scott's recollection was that director had contacted him re: expectations but hasn't heard back.

Jen – ODA working on recruiting a member.

Next meeting October 18, 2018, by phone.

VII. Adjourn

1:55